

Local Purchases (I.M.P.A.C.)

a. Reference(s):

1. Directorate of Contracting I.M.P.A.C. SOP
2. DA IMPAC SOP
3. BDE/BN IMPAC SOP

b. Procedures:

1. The approving official for the battalion staff personnel is the Battalion Executive Officer or his designated representative. Company level approving officials are the appointed Company Commanders and the alternates are the appointed Executive Officers. The approving officials will establish funds availability with the Resource Management Office (RMO), delegate funded amounts to cardholders, and approve items prior to purchase. When the approving officials are on leave, the alternates will validate charges.

2. Company level approving authorities will designate in the Company I.M.P.A.C. SOP's all cardholders under their command.

3. Approving officials are responsible for managing their unit funds. Approving officials must ensure their cardholders do not overspend.

4. All purchases will be initiated by the I.M.P.A.C. Request Form. Cardholders will obtain all required coordination's (i.e. appropriate PBO for property book items) prior to purchases and perform proper accountability procedures as outlined in the I.M.P.A.C. SOP provided by RMO.

a. It is the responsibility of the approving officials to question purchases. If the cardholder cannot satisfy you that a purchase is necessary for official use and with the appropriate approvals, then the cardholder must not purchase the item. If an illegal purchase is made the approving officials can be made to reimburse the government.

b. Cardholders will consolidate all purchases at the end of the month and send them to the approving official and the Battalion S-4 for verification. Cardholders will complete the monthly reconciliation no later than the 8th day of the month to RMO.

5. Use of the credit card by anyone other than the cardholder will result in termination of card privileges.

Sample: IMPAC Supply Request

IMPAC SUPPLY REQUEST

Requestors Name _____

Section _____ **Date** _____

STOCK/PART#	ITEM DESCRIPTION	QTY	PRICE	TOTAL PRICE

RECOMMENDED SOURCE: _____

S-4 APPROVAL OR DISAPPROVAL

NOTES: _____

DOD EMAIL REQUIREMENT YES OR NO

CREDIT CARD HOLDER: _____

DATE POSTED TO CARE _____

BILLING OFFICIAL APPROVAL OR DISAPPROVAL

LTC TIMOTHY DAUGHERTY _____